

OK-1 Privacy Release and Constituent Information Form

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Oklahoma First Congressional Office and/or their representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms —including medical records or other documents or matters relative to my case — to Oklahoma First Congressional Office and/or their representative. I also authorize any Federal Agency or Department to furnish copies of any documents, correspondence, or information relative to my inquiry to the Oklahoma First Congressional Office and/or their representative.

Please complete	•				
First Name	Mi	ddle	La	ıst	
Street Address			_ City		State
Zip Code	Home Phone		Cell Phone)	
Fax Number	Email _				
Date of Birth		Social Security Number			
Briefly explain the	problem and attach copies of	any relevant docur	nentation. *Re	quired (Please p	orint legibly
Have you contacted	any other Congressional or Ser	nata afficas about th	nic iccua?	If you whom	
Have you contacted	any other Congressional or Ser	nate offices about th	nis issue?	_ If yes, whom _	
Sign and Date- The	any other Congressional or Ser n go to the next page. If you are mple: Power of Attorney).				
Sign and Date- Theo authority to do so (exa	n go to the next page. If you are imple: Power of Attorney).	e signing on behalf of	another, please	provide a copy of	your
Sign and Date- Ther authority to do so (exa	n go to the next page. If you are imple: Power of Attorney). t I am currently a resident of the	e signing on behalf of ne First Congression	another, please	provide a copy of s	your enalty of
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Complete **only** the sections that apply to your inquiry. If you do not know the requested information, you may leave it blank.

Social Security					
Current level of claim:					
☐ New Claim ☐ Reconsideration	Hearing Appeals Cou	uncil Federal Court			
Immigration					
Beneficiary Information (If more room is	needed, please attach additional pag	es)			
First Name	Middle	Last			
Street Address	City	State Zip Code			
A Number R	Receipt Number	Date of Application			
Petitioner Place of Birth	Beneficiary Place of Birth				
Internal Revenue Service					
	mpany Name (if applicable) EIN #				
Your Relationship to the Business					
Type of Tax (income, employment, etc.)	Tax Years: From	To Tax Form			
(Office Use Only) I give TPA permission to	contact the constituent directly rega	rding this inquiry			
Madiana an Washana Camana akina					
Medicare or Workers Compensation					
Medicare Number	OWCP Number				
Veterans Affairs and Military By completing this form Lauthorize Oklahoma's F	irst Congressional District to review medical i	information listed under 38 H.S.C. 7332			
By completing this form, I authorize Oklahoma's First Congressional District to review medical information listed under 38 U.S.C. 7332. VA Case/C-File # Branch of Service (Incl. National Guard)					
		Duty Station			
Passports					
Date of Application Date	ate of Travel Application Number				
Destination	Did you pay to expedite the application?				
Return					
	By Fax or Email	Questions?			

STEP 5

> First Congressional District Office 2448 E. 81st St, Suite 5150 Tulsa, OK 74137

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